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THE HEALTH OFFICER AND THE HEALTH COUNCIL

THE day of defensiveness in public health has gone by. The health officer has no longer the need to protect his rights and his prerogatives. If he be a trained man, he will find himself recognized without question as the leader of the health program of his area. His problem is an offensive one—the visualization and execution of an ever-widening program for applying our knowledge to the promotion of health in a positive sense.

The health officer should be the chairman of the Board of Strategy for this campaign; but he and his staff cannot wage the war alone. When the health program envisaged only sanitation and the control of epidemic diseases, the official agency could perhaps do the whole job. But today, when the urgent health needs are for housing and nutrition and medical services, for care of chronic diseases, for mental hygiene, for health education, it is clearly impossible to attain major results without a widespread and vital public understanding and support.

We have seen the power of community participation during recent months in the triumph of the health-district plan in Illinois and in the revolution worked under the stimulus of Dr. Florence Sabin in Colorado.

One of the best ways to realize the pulse of progress is to attend a conference of health workers and see what they are thinking about. At a recent meeting of the New England Health Institute in Durham, N. H., the keynote of one speaker after another was the need for wider community participation in the public health program; and it was made clear that "participation" meant just that. Some health officers, who have come only part way out of their shells, consider that what they need is a cheering section, ready to respond with vociferous advocacy of any measure they, as cheerleaders, may indicate. Beyond the ivy walls, human nature does not respond—or only sporadically responds—to such an appeal. Continuous and convinced support implies an understanding of a problem and a sense of sharing in finding the solution.

None of us has all the answers. The man on the spot is inevitably limited by tradition and habit. Rare is the executive who does not sometimes feel—if he does not say—"It's always been done that way here." Nor has the outside expert, called in for counsel, any ready-made solution. If he is an experienced surveyor he talks with everyone, inside and out, who is in a position to evaluate either the

delivery or the receiving end of public health services. From such conferences, in the light of general principles, on the one hand, and local situations and local personalities, on the other, he formulates a tentative program of advancement; and if he sells it to the lay people, something may happen. The ideal result is only attained when the leaders in all the official and voluntary agencies concerned organize themselves for a comprehensive and continuing self-survey.

Such a type of coöperative program planning is the objective of a well conceived Health Council; and that is why we asked Mr. Bleecker Marquette to prepare the Special Review Article for this issue of the *Journal*.

Mr. Marquette points out the results which are manifest in a community where there is no health planning. He shows how a good Health Council should be organized and what it can accomplish. He points out that there are only as yet a score or so of active Health Councils in this country; and that only a few of them are really fulfilling their function well. The Health Council is a relatively new idea; but it a sound idea and one that is full of promise.

Do you really know how effectively the activities of the health department and the board of education in your community are correlated so as to produce maximum results in the education of the individual child and his family? Is the sanitary inspection service of the health department tied in with the efforts of a local housing authority so that condemnation and compliance orders may fit into a plan, and so that the provision of good housing may keep pace with the elimination of bad housing? Are there adequate community facilities for the rehabilitation of the tuberculosis cases which you send to a sanatorium? Are the services of the various public health nurses of your area coördinated into the most effective practicable pattern? How inadequate are the institutional provisions for the care of chronic illness, and what ought to be done about it? Are the services of venereal disease control supplemented by a decent community recreation program? Is your local safety council putting all its energies into industrial plants and neglecting the much larger problem of home safety? How many hours of child guidance service are available in the community, and how many hours of service at mental hygiene clinics for adults? (The writer knows of two New England cities of the same approximate size where the latter figure is in one case 6 and, in the other, 43.)

These are examples of some of the vital health problems which confront us. They are the problems with which the Biggses and the Chapins of the future will successfully contend. But they cannot solve them singlehanded. Such questions can be answered only by real coöperative effort, by enlightened and continuing program planning. In a good Health Council, under the leadership of a good health officer, lies the hope of the future.

PLANNING FOR THE CONTROL OF STREAM POLLUTION

A RECENT issue of the *Journal of the New England Water Works Association*, presents an interesting symposium by official representatives of the six New England states on the important problem of stream pollution abatement.[1]

The most fundamental necessity in this field is, of course, the prevention of pollution with intestinal bacteria of lakes and inland waterways which are used as sources of potable water, or by bathers, to an extent which threatens to produce epidemics or occasional cases of communicable disease. This basic end has been essentially attained in the areas in question. It is doubtful if any appreciable